



Direct Debit Service Order Form City of Inverness Utilities

OFFICE USE ONLY

Date Received: _____

Instructions: If you are willing to attach a cancelled check to this form, complete section one and return with your next payment. Please remember to attach a voided check. If you would prefer not to include a voided check, complete section one of this form and have your bank complete section two. Completed forms should be returned to the City of Inverness Finance Department, 212 W. Main Street, Inverness, FL 34450; or faxed to (352) 726-5534. Customer service hours are Monday through Friday from 8 a.m. to 5 p.m. A representative may be reached at (352) 726-5016.

Section One

_____ Utility account number	_____ Bank name
_____ Home phone	_____ Bank account number
	_____ Name(s) on bank account
Account to be charged: _____ Checking	or _____ Savings
_____ Signature	_____ Date

FOR BANK USE ONLY

Section Two

<hr/> Financial Institution	<hr/> Branch
<hr/> City	<hr/> State
<hr/> Zip code	<hr/> Telephone number
<hr/> Routing number	<hr/> Account number
<hr/> Bank authorized signature	<hr/> Date